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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bettin JeBailey, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Deni Davis Name of Person	
Bettia JeBailey, LLC FirmCompany	
7932 W. SANDLAKE Rd. #102	
Orlando, Fl. 32819 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person at (407) 226-8888 X100 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Sta	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bettsa JeBai	ley, LLC
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L II 00008 0</u> 073	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	Rowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." icable: ET ADDRESS) BOX) Blor registered office address on our records, enter the name of the new office address here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	ASA B
	City Zip Oude
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered (t and agree to act in this capacity. I further the comply with the complete performance of my duties, and I of familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability e.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = At	uthorized Member		
Title AMBR	Name Paul JeBailey	Address 17932 W. SANDLAKERO #102 CYLANDO, FL. 32819	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
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Effec	tive date, if other than the date of filing:	(optio	*
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	days after filing.) Pursuint nents; this date will not b	to 605.020 be listed as
	ecord specifies a delayed effective date, but not an effective time, at e 90th day after the record is filed.	12:01 a.m. on the	earlier o
	April 25, 2017.		
Date	, 001		
Date			
Date	Signature of a member or authorized representative of a memb	per	

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Filing Fee: \$25.00